

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13	1					
14		1				
15	1					
16		1				
17		2				
18		2				
19		2				
20	1					
21		1				
22		2				
23		2				
24	1					
25		1				
26		2				
27	1					
28		2				
29		2				
30		2				
31		1				
32	1					
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42	1					
43	1					
44			1			
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54			1			
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63			1			
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
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72			1			
73				1		
74				1		
75				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			34			

BEST AVAILABLE COPY